

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 97763011  
APPLICANT(S)

1112104 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1			1	
2			1	
3			1	
4			1	
5			1	
6	8		1	1
7			1	
8			1	
9			1	
10	8		1	
11	8		1	
12		1	1	
13			1	
14	8		1	
15	8		1	
16	8		1	
17			1	
18				
19				
20				
21				
22			1	
23			1	
24			8	
25			8	
26	8		8	
27	8		—	—
28	8		1	8
29		1	1	1
30	1	1	1	1
31	2	1	1	1
32	1	1	1	1
33	1	1	1	1
34	8		1	
35	8		1	
36				
37				
38	8		1	
39	8		1	
40	1		1	
41			1	
42			1	
43			1	
44			1	
45			1	
46			1	
47			1	
48			1	
49			1	
50			1	
TOTAL IND.		9	9	
TOTAL DEP.		60	60	
TOTAL CLAIMS	69			

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51			
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100			
TOTAL IND.		60	60
TOTAL DEP.		60	60
TOTAL CLAIMS	69		